FORM 5B-1 Design Quality Audit Form

| Submittal: Final | |
|---|---------------|
| Segment/ Discipline: MOT Element: Seg 2C | |
| | |
| Document Name: 2022-01-06_Seg2C_MOT_Final_QC | |
| Originator: BY Company: Baker | |
| Remarks: | |
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| QA Completion | |
| ✓ All comments have been addressed | |
| ☑ Correct Color Code used | |
| ☐ Check Print Stamp is complete | |
| ✓ Documents are updated per comments✓ Check Prints saved to correct folder | |
| E Check Fillits saveu to correct folder | |
| I verify that the I-405 QA/QC Procedures have been followed and all ne | cessary OA/OC |
| documentation have been submitted. | , , , , , |
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| Auditor Name: Doug Peters Company: W | /ood |
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